EXHIBIT 1

DS JMB DS

202 Disability Accommodations

Lawrence Tech complies with the *Americans with Disabilities Act (ADA)* and the *Persons With Disability Civil Rights Act (PWDCRA)* and ensures equal opportunity in employment for qualified persons with disabilities. All employment practices and activities are conducted on a non-discriminatory basis.

Hiring procedures are intended to provide persons with disabilities meaningful employment opportunities. Upon request, job applications are available in alternative, accessible formats, as is assistance in completing the application. Pre-employment inquiries are made only regarding an applicant's ability to perform the duties of the position.

Lawrence Tech will make reasonable accommodations for qualified individuals with known disabilities unrelated to the performance of the duties and responsibilities of the position unless doing so would result in an undue hardship. All employment decisions are based on the merits of the situation in accordance with the defined criteria, not the disability of the individual. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

Disabled employees who feel accommodations are needed to perform their job must notify the Manager of Benefits in writing of the need for reasonable accommodations within one hundred and eighty-two (182) calendar days after the date the employee knew or reasonably should have known that an accommodation is needed[1] Failure to properly notify Lawrence Tech will be a defense to any claim that Lawrence Tech failed to accommodate the disabled employee.

Qualified individuals with disabilities are entitled to equal pay and other forms of compensation (or change in compensation) as well as in job assignments, classifications, organizational structures, position descriptions, lines of progression and seniority lists. Leave of all types are available to all employees on an equal basis.

Lawrence Tech does not discriminate against any qualified employee or applicant because they are related to or associated with a person with a disability. Lawrence Tech follows applicable state and local laws that provide individuals with disabilities greater protection than the ADA or PWDCRA.

This policy is neither exhaustive nor exclusive. Lawrence Tech takes all actions necessary to ensure equal employment opportunity for persons with disabilities in accordance with the ADA and all other applicable federal, state and local laws.

[1] A written request for accommodation within 182 days is applicable only under Michigan law.

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Lawrence Tech Human Resources

JMB

PROCEDURES TO REQUEST ADA REASONABLE ACCOMMODATION–FORM #3073

203 DISABILITY ACCOMMODATIONS

In accordance with the *Employee Handbook*, University Policy Subsection 203 Disability Accommodation, states, "Lawrence Tech will make reasonable accommodations for qualified individuals with known disabilities unrelated to the performance of the duties and responsibilities of the position unless doing so result in an undue hardship."

For additional information regarding the University's Disability Accommodation Policy, access the *Employee Handbook* at http://ltu.edu/human_resources/staff_handbook.asp

ADA DEFINITION OF DISABILITY: WHO IS CONSIDERED DISABLED UNDER THE ADA?

Under the ADA, a person with a disability is defined as follows:

1. "an individual with a physical or mental impairment that substantially limits one or more major life activities"
2. "an individual with a record of a substantially limiting impairment"
3. "an individual who is perceived to have such an impairment"

Examples of reasonable accommodations may include, but are not limited to:

- making facilities accessible
- job restructuring
- reassignment
- leave of absence
- work from home
- part-time or modified work schedule
- acquiring or modified equipment
- modifying tests, training materials or policies
- providing qualified readers or interpreters

REQUESTING ACCOMMODATIONS

The employee (or applicant) requesting accommodations and the supervisor will be involved in the **interactive process** of determining potential reasonable accommodations. Disabled individuals who feel accommodations are needed to perform their essential job functions must adhere to the process.

Note: The University may require an employee or applicant offered a job who is requesting a reasonable accommodation to undergo further testing or evaluation by qualified professionals to verify or further establish the claimed disability, the need for an accommodation, and to provide a basis upon which a reasonable accommodation can be developed or implemented. The cost of such evaluation will be paid by the University.

All documents must be submitted to the Office of Human Resources. Any information received regarding the individual's private health information must be kept confidential.

ADA and Related Documents

The Employee and Supervisor reviews the following documents:

- Policy 202 Disability Accommodations
- Notice of Privacy Practices
- Procedures to Request ADA Reasonable Accommodations

Employee's Documents:

The Employee is required for submitting completed forms below to Human Resources:

- **Form # 3005** – Authorization to Use and/or Disclose Protected Health Information – Employee completes this form and gives a copy to both the health care provider and Human Resources.
- **Form #3070** – ADA Reasonable Accommodation Request – Employee completes this form and submits it to Human Resources.
- **Form #3071** – Documentation in Support of ADA Request: Health Care Provider Information – Employee submits this form to treating Health Care Provider to completion and submits it to Human Resources.
- Employee's Job Description – Employee gives a copy of job description to treating Health Care Provider for reference.

Supervisor's Documents

The Supervisor completes the form below:

- Form #3072 – ADA Reasonable Accommodations Request: Department Review and Action
- Employee's Job Description

INTERACTIVE REVIEW AND APPROVAL PROCESS

1. Any personal health information (PHI) must be kept confidential.
2. The employee advises her/his supervisor that she/he needs an adjustment or change at work for a reason related to a medical condition.
3. The supervisor reports the situation/request to Human Resources.

Lawrence Tech
Human Resources

4. Human Resources (or supervisor) provides the employee with ADA Reasonable Accommodation information and forms (see above: Documents for Employee)
5. The employee submits completed Forms #3005, 3070 and 3071 to Human Resources
6. Human Resources submit Forms #3070 and 3071 to the supervisor.
7. The supervisor reviews the ADA Reasonable Accommodation request (Forms #3070 and #3071).
8. The supervisor meets with the employee to discuss the essential functions of the job, requested accommodations and/or modifications.
9. The supervisor completes Form 3072 – ADA Reasonable Accommodation Request: Department Review and Action and submits the recommendations to the Approving Authority (if applicable).
10. The Supervisor and Approving Authority make the final decision to approve or deny an accommodation request.
11. The Approving Authority or Supervisor submits final copy of Form #3072 and material to the Office of Human Resources.

Lawrence Tech
Human Resources

DS JMB DS

LAWRENCE TECHNOLOGICAL UNIVERSITY
HEALTH, DENTAL AND /OR HEALTH CARE REIMBURSEMENT ACCOUNT PLANS
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice, please contact the LTU Benefit Plan Privacy Official in the Office of Human Resources at (248) 204-2150.

Summary: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires health plans to notify plan participants and beneficiaries about its policies and practices to protect the confidentiality of their health information. This document is intended to satisfy HIPAA's notice requirement with respect to all health information created, received, or maintained by the Lawrence Technological University group health plan (the "Plan"), as sponsored by Lawrence Technological University (the "University").

The Plan needs to create, receive, and maintain records that contain health information about you to administer the Plan and provide you with health care benefits. This notice describes the Plan's health information privacy policy with respect to your Health, Dental and/or Health Care Reimbursement Account benefits. The notice tells you the ways the Plan may use and disclose health information about you, describes your rights, and the obligations the Plan has regarding the use and disclosure of your health information. However, it does not address the health information policies or practices of your health care providers.

Lawrence Technological University's Pledge Regarding Health Information Privacy

The privacy policy and practices of the Plan protects confidential health information that identifies you or could be used to identify you and relates to a physical or mental health condition or the payment of your health care expenses. This individually identifiable health information is known as "protected health information" (PHI). Your PHI will not be used or disclosed without a written authorization from you, except as described in this notice or as otherwise permitted by federal and state health information privacy laws.

Privacy Obligations of the Plan

The Plan is required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of the Plan's legal duties and privacy practices with respect to health information about you; and
- follow the terms of the notice that is currently in effect.

How the Plan May Use and Disclose Health Information About You

The following are the different ways the Plan may use and disclose your PHI:

- **For Treatment.** The Plan may disclose your PHI to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, the Plan may advise an emergency room physician about the types of prescription drugs you currently take. Your pre-authorization would be required.

- **For Payment.** The Plan may use and disclose your PHI so claims for health care treatment, services, and supplies you receive from health care providers may be paid according to the Plan's terms. For example, the Plan may receive and maintain information about surgery you received to enable the Plan to process a hospital's claim for reimbursement of surgical expenses incurred on your behalf.

- **For Health Care Operations.** The Plan may use and disclose your PHI to enable it to operate or operate more efficiently or make certain all of the Plan's participants receive their health benefits. For example, the Plan may use your PHI for case management or to perform population-based studies designed to reduce health care costs. In addition, the Plan may use or disclose your PHI to conduct compliance reviews, audits, actuarial studies, and/or for fraud and abuse detection. The Plan may also combine health information about many Plan participants and disclose it to the University in summary fashion so it can decide what coverages the Plan should provide. The Plan may remove information that identifies you from health information disclosed to the Company so it may be used without the Company learning who the specific participants are. If fundraising and/or marketing is part of this process, your pre-authorization and an opt-out provision for fundraising would be required.

- **To the University.** The Plan may disclose your PHI to designated University personnel so they can carry out their Plan-related administrative functions, including the uses and disclosures described in this notice. Such disclosures will be made only to the University's Plan Administrator or Privacy Official and/or the members of the University's Human Resources Department. These individuals will protect the privacy of your health information and ensure it is used only as described in this notice or as permitted by law. Unless authorized by you in writing, your health information: (1) may not be disclosed by the Plan to any other University employee or department and (2) will not be used by the University for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by the University.

- **To a Business Associate.** Certain services are provided to the Plan by third party administrators known as "business associates." For example, the Plan may input information about your health care treatment into an electronic claims processing system maintained by the Plan's business associate so your claim may be paid. In so doing, the Plan will disclose your PHI to its business associate so it can perform its claims payment function. However, the Plan will require its business associates, through contract, to appropriately safeguard your health information.

- **Treatment Alternatives.** The Plan may use and disclose your PHI to tell you about possible treatment options or alternatives that may be of interest to you.

- **Health-Related Benefits and Services.** The Plan may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

- **Individual Involved in Your Care or Payment of Your Care**. The Plan may disclose PHI to a close friend or family member involved in or who helps pay for your health care. The Plan may also advise a family member or close friend about your condition, your location (for example, that you are in the hospital), or death. Unless incapacitated or unable to provide, your pre-authorization would be required.

- **As Required by Law**. The Plan will disclose your PHI when required to do so by federal, state, or local law, including those that require the reporting of certain types of wounds or physical injuries. Your pre-authorization would not be required.

Special Use and Disclosure Situations

The Plan may also use or disclose your PHI under the following circumstances:

- **Lawsuits and Disputes.** If you become involved in a lawsuit or other legal action, the Plan may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request, or other lawful due process. Your pre-authorization would not be required if the plan is legally required to comply with the request.

- **Law Enforcement.** The Plan may release your PHI if asked to do so by a law enforcement official, for example, to identify or locate a suspect, material witness, or missing person or to report a crime, the crime's location or victims, or the identity, description, or location of the person who committed the crime. Your pre-authorization would not be required if the plan is legally required to comply with the request.

- **Workers' Compensation.** The Plan may disclose your PHI to the extent authorized by and to the extent necessary to comply with workers' compensation laws or other similar programs. Your pre-authorization would be required.

- **Military and Veterans.** If you are or become a member of the U.S. armed forces, the Plan may release medical information about you as deemed necessary by military command authorities. Your pre-authorization may not be required contingent upon the purpose of the use (i.e., imminent harm to self and/or others and other such time sensitive purposes).
- **To Avert Serious Threat to Health or Safety**. The Plan may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Your pre-authorization would not be required.

- **Public Health Risks.** The Plan may disclose health information about you for public heath activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; or reporting reactions to medication or problems with medical products or to notify people of recalls of products they have been using. Your pre-authorization would not be required.

- **Health Oversight Activities.** The Plan may disclose your PHI to a health oversight agency for audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs. Your pre-authorization would not be required.

- **Research.** Under certain circumstances, the Plan may use and disclose your PHI for medical research purposes. Your pre-authorization would be required.

- **National Security, Intelligence Activities, and Protective Services**. The Plan may release your PHI to authorized federal officials: (1) for intelligence, counterintelligence, and other national security activities authorized by law and (2) to enable them to provide protection to the members of the U.S. government or foreign heads of state, or to conduct special investigations. Your pre-authorization would not be required.

- **Organ and Tissue Donation.** If you are an organ donor, the Plan may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation. Your pre-authorization would be required.

- **Coroners, Medical Examiners, and Funerals Directors**. The Plan may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Plan may also release your PHI to a funeral director, as necessary, to carry out his/her duty.

Your Rights Regarding Health Information About You

Your rights regarding the health information the Plan maintains about you are as follows:

- **Right to Inspect and Copy.** You have the right to inspect and copy your PHI that is maintained in a "Designated Record Set." A Designated Record Set includes enrollment, payment, billing, claims adjudication and medical management record systems maintained by or for the Plan that is used to make decisions about individuals. This includes information about your plan eligibility, claim and appeal records, and billing records, but does not include psychotherapy notes.

  To inspect and copy health information maintained by the Plan, submit your request in writing to the Plan Administrator or Privacy Official. The Plan may charge a fee for the cost of copying and/or mailing your request. In limited circumstances, the Plan may deny your request to inspect and copy your PHI.

Generally, if you are denied access to health information, you may request a review of the denial by contacting the Plan Administrator or Privacy Official.

- **Right to Amend.** If you feel that health information the Plan has about you in a Designated Record Set is incorrect or incomplete, you may ask the Plan to amend it. You have the right to request an amendment for as long as the information is kept by or for the Plan.

  To request an amendment, send a detailed request in writing to the Plan Administrator or Privacy Official. You must provide the reason(s) to support your request. The Plan may deny your request if you ask the Plan to amend health information that was: accurate and complete, not created by the Plan; not part of the Designated Record Set; or not information that you would be permitted to inspect and copy.

- **Right to An Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of disclosures of your PHI that the Plan has made to others, except for those necessary to carry out health care treatment, payment, or operations; disclosures made to you or pursuant to your authorization; or in certain other situations.

  To request an accounting of disclosures, submit your request in writing to the Plan Administrator or Privacy Official. Your request must state a time period, which may not be longer than six years prior to the date the accounting was requested and may not include dates before April 14, 2004. The first list you request within a 12-month period will be free. For additional lists, the Plan may change you the cost of providing the list. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time before incurring any costs.

- **Right to Request Restrictions.** You have the right to request a restriction on the health information the Plan uses or disclosures about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information the Plan discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery you had.

  To request restrictions, make your request in writing to the Plan Administrator or Privacy Official. You must advise us: (1) what information you want to limit; (2) whether you want to limit the Plan's use, disclosure, or both; and (3) to whom you want the limit(s) to apply.

  Note: ***The Plan is not required to agree to your request.***

- **Right to Request Confidential Communications**. You have the right to request that the Plan communicate with you about health matters in a certain way or at a certain location, if you tell the Plan that communication in anther manner may endanger you. For example, you can ask that the Plan send you explanation of benefits (EOB) forms about your benefit claims to a specified address.

To request confidential communications, make your request in writing to the Plan Administrator or Privacy Official. The Plan will make every attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice. You may write to the Plan Administrator or Privacy Official to request a written copy of this notice at any time.

Changes to this Notice

The Plan reserves the right to change this notice at any time and to make the revised or changed notice effective for health information the Plan already has about you, as well as any information the Plan receives in the future. The Plan will either post a copy of the current notice in the University's Office of Human Resources or on the University's Human Resources intranet website at all times.

Complaints

If you believe your privacy rights under this policy have been violated, you may file a written complaint with the Plan Administrator or Privacy Official at the address listed below. Alternatively, you may complain to the Secretary of the U.S. Department of Health and Human Services, generally, within 180 days of when the act or omission complained of occurred.

Note: *You will not be penalized or retaliated against for filing a complaint.*

Other Uses and Disclosures of Health Information

Other uses and disclosures of health information not covered by this notice or by the laws that apply to the Plan will be made only with your written authorization. If you authorize the Plan to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclosure your PHI for the reasons covered by your written authorization; however, the Plan will not reverse any uses or disclosures already made in reliance on your prior authorization.

Contact Information

If you have any questions about this notice, please contact:

Lawrence Technological University c/o
Office of Human Resources
21000 West Ten Mile Road
Southfield, MI 48075-1058
(248) 204-2150

Notice Effective Date: April 14, 2004

- The individual has the right to restrict disclosures of PHI to a health plan if the PHI relates to services for which the individual has paid the provider in full.
- The covered entity's obligation to protect protected health information and the individual's right to receive notifications of breaches of unsecured, protected health information.
- Genetic information cannot be used for underwriting purposes.

Lawrence Tech Human Resources

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF PROTECTED HEALTH INFORMATION– FORM #3005

Complete this form and submit it to the Office of Human Resources. A separate authorization must be completed for <u>each</u> request.

Personal Information

Print Name (Last, First, Middle Initial): Schaefer, Joy C.	Position: Senior Lecture of Media Comm
Banner ID Number: 000773558	Home Phone: [redacted]
Department Name: Humanities, Social Sciences, and Communication	Office Extension: 3554

I hereby authorize the use and/or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I also understand that if the person or organization authorized to receive the information is not a health plan or health care provider, the released information may be re-disclosed and may no longer be protected by the federal privacy regulations.

1. List person(s) or organization authorized to use or disclose your health information:

Lawrence Technological University Office of Human Resources

Laurie Arnswald, DNP, RN, NP

2. List person(s) or organization authorized to receive and use your health information:

Jason Barrett, Chair of HSSC Dept.

Lawrence Technological University Office of Human Resource's "Approving Authority" (as described on p. 3 of form 3073)

Lawrence Tech
Human Resources

3. Description of your health information that may be used/disclosed:

Laurie Arnswald, DNP, RN, NP, may disclose my health information in ADA form 3071.
LTU's Office of Human Resources "Approving Authority" (as described on p. 3 of form 3073) may review and use forms 3071 and 3070.
Jason Barrett may review and use forms 3071 and 3070.

4. Indicate the purpose for which your health information will be used/dis-closed *(**Note:** Not required if disclosure is requested by the individual)*:

N/A

5. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to enroll in a health plan, obtain health care treatment or payment or my eligibility for benefits.* (***Note:** Not required if disclosure is requested by the individual.)*

6. I understand that I may revoke this authorization at any time by providing written notice to:

Lawrence Technological University
Office of Human Resources
21000 West Ten Mile Road
Southfield, MI 48075

I understand that my revocation will not affect any actions already taken in reliance on this authorization.

7. I understand I may inspect or copy any information to be used or disclosed under this authorization.

Lawrence Tech THEORY AND PRACTICE 1932 Human Resources

8. Unless otherwise revoked in writing, this authorization will expire _____ **(insert number of days)** days from the date signed below OR upon the occurrence of _____ **(insert name of event).**

DocuSigned by: Joy Schaefer E9A4EC824FF348F...

Signature of Individual (or Legal Representative)	Date: 3/25/2021 | 12:33 PM EDT
(Print) Individual's Name: Joy Schaefer	Date: 3/25/2021
(Print) Name of Legal Representative (if applicable): N/A	Relationship to Individual: N/A

* A health plan may condition enrollment or eligibility for benefits on an individual providing an authorization prior to enrollment if the authorization sought is for the plan's eligibility or enrollment determinations relating to the individual or for its underwriting risk or risk rating determinations and the authorization is not for a use or disclosure of psychotherapy notes. [45 CFR §164.508(b)(4)(ii)(A&B)]

Note: HIPAA "covered entities" (e.g., health plans) must provide a copy of the signed authorization to the individual.

04/12/2004

DocuSigned by: Starlett Sinclair DC91C2E767654B5...

Lawrence Tech Human Resources

FORM #3072 ADA REASONABLE ACCOMMODATION REQUEST: DEPARTMENT REVIEW AND ACTION

Review and Approval Process:

1. Human Resources forward the completed ADA Reasonable Accommodation Request-Form #3070 and Medical Cert. Form #3071to the supervisor.
2. The supervisor reviews the accommodation request (Form #3070 and #3071) and meet with the employee to discuss the essential functions of the job, requested accommodations and/or modifications.
3. The supervisor completes the ADA Reasonable Accommodation Request: Department Review and Action-Form #3072.
4. The supervisor submits his/her recommendations (Department Review and Action Form #3072) to the Approving Authority. The Approving Authority will make the final decision to approve or deny an accommodation request.

Employee's Information

Employee's Name: Joy Schaefer	Employee's Position: Senior Lecturer, Media Communication
Department Name: Humanities	Extension: x3520
Supervisor's Name: Jason Barrett	Extension: x3523

Employee's Supervisor Action

Review essential functions (see job description)	☒ YES ☐ NO	
Essential functions discussed with employee	☒ YES ☐ NO	Indicate Date: 3/12/21
Requested modification(s) discussed with employee	☒ YES ☐ NO	Indicate Date: 3/12/21

Supervisor's Recommendation(s): _____

Dr. Schaefer's requested accommodations are reasonable and should be granted. She has performed exceptionally well in the current academic year (2020-21) under similar accommodations. I see no reason that she cannot continue to perform well in the 2021-22 academic year.

Signatures	Employee: DocuSigned by: Joy Schaefer E9A4EC824FF348F...	Date 3/29/2021 |	12:28 P
	Supervisor: DocuSigned by: Jason Barrett 20B21F0317D5450...	Date 3/29/2021 |	11:10 A

Approving Authority's Recommendation(s): _____

I approve

Approving Authority's Signature	Name: Tarek Sobh		
	Signature: DocuSigned by: 48C84961CC1B47A...	Date 3/29/2021 |	4:04 PM

DocuSigned by: Starlett Sinclair

Lawrence Tech Human Resources

MEDICAL CERTIFICATION IN SUPPORT OF ADA REASONABLE ACCOMMODATION REQUEST: HEALTH CARE PROVIDER INFORMATION – FORM #3071

Name of Patient

Please print full name:

Health Care Provider Instructions: The above-named individual has been provided a current copy of his/her job description with the essential functions of the position, including the physical and mental demands of the job. The patient has also received the HIPAA Authorization Release Form #3005 to authorize disclosure of personal health information. Please answer the following questions regarding the individual's condition as it relates to the essential job functions and possible accommodations.
Return form to the Employee. Inquiry – Email: benefits@ltu.edu or call 248.204.2150.

1. Does the individual have a disability that substantially limits a major life activity?
☐ YES ☐ NO If YES, describe the disability and the limitation.

2. Does the individual use any mitigating measures (medications, assistive technologies, etc.).
☐ YES ☐ NO If YES, how do the mitigating measures affect the disability?

3. Does the disability affect the individual's ability to perform any one of the essential functions of the position? ☐ YES ☐ NO If YES, please describe the impact on the person's ability to perform specific functions. Describe the effects of any mitigating measures used.

Lawrence Tech Human Resources

4. Are there any accommodations that in your opinion would allow the individual to perform the essential functions of the job? ☐ YES ☐ NO If YES, describe those accommodations.

5. If the individual cannot perform the essential functions of this position with or without an accommodation, what type of work, if any, can the individual perform with or without an accommodation? Please be specific.

6. Is the need for accommodation likely to be temporary or permanent? _____
If temporary, how long do you estimate the need for accommodation will exist?

Physician's Information

Name of Health Care Provider (please print)

Professional license or specialty

Signature of Health Care Provider

Date

Address

Telephone Number

City, State, Zip Code

ADA DEFINITION OF DISABILITY
WHO IS CONSIDERED DISABLED UNDER THE ADA?
Under the ADA, a person with a disability is defined as follows:
1. "an individual with a physical or mental impairment that substantially limits one or more major life activities"
2. "an individual with a record of a substantially limiting impairment"
3. "an individual who is perceived to have such an impairment"

DS JMB

ADA Reasonable Accommodation Request Form #3070

To be eligible for a reasonable accommodation under the Americans with Disabilities Act (ADA), you must (1) be qualified to perform the essential job functions of your position and (2) have a qualifying disability that limits a major life function. A detailed explanation of the rights and obligations of employees under the ADA is contained in the *Employee Handbook,* subsection 203 Disability Accommodations which is available online at http://www.ltu.edu/human_resources/staff_handbook.asp or contact the State ADA Coordinator's Office in the Department of Labor and Workforce Development or visit the ADA web site at http://www.ada.gov/.

In order to complete this form, you will need to discuss the essential functions of your job with your supervisor. A completed copy to this form will be forwarded to your supervisor. Contact the Office of Human Resources if you have questions or need information about the ADA process for requesting reasonable accommodations.

Employee's Information

Print Name: Schaefer, Joy C.	Position: Senior Lecture of Media Comm
Department Name: Humanities, Social Sciences, and Communication	Extension: 3554
Supervisor's Name: Jason Barrett	Extension: 3520

1. Describe how your condition affects your ability to perform a major life activity. Which major life activity(s) is/are most significantly affected? Examples of major life activities are: seeing, hearing, breathing, walking, smelling, caring for yourself, thinking, concentrating, or working.

My condition when active (present) contributes to physical symptoms including racing heart and fatigue; and emotional/mental symptoms including difficult concentrating.

2. Describe any mitigating measures (medication, assistive technologies such as wheelchairs, etc.), that you are using because of the disability, and the effect of those measures on the disability.

Compliance with treatment plan and recommended treatment interventions including medication adherence monitored by providers. The effects of these interventions are not inclusive to treatment and prevention.

Lawrence Tech Human Resources

3. Describe how your condition limits your ability to perform the essential functions of your job. Identify the essential functions affected and be specific about how the medical condition impairs your ability in each instance.

The ongoing COVID-19 pandemic, including several new and highly transmissible variants of the disease, has exacerbated my anxiety regarding teaching in-seat courses and attending in-person meetings. I have underlying physical health conditions that could make me more susceptible to severe and/or ongoing health complications if I were to contract a variant of COVID-19 that the Moderna vaccination does not prevent (I received my first dose yesterday). Further, little is known so far about how long the Moderna vaccination prevents contraction of, or deadly symptoms of, COVID-19 and its new variants.

4. Describe the accommodation you are requesting.

I request the following accommodations for the 2021-2022 school year or until my providers recommend otherwise:
a. Teaching: I request my teaching load be entirely online
b. Service: I request my service be done online, as supervised by the Media Comm Program Director, Jody Gaber (e.g. online recruitment via social media platforms)
c. Meeting, Trainings, Events: I am requesting participation via Zoom

5. Explain how the accommodations you are requesting will enable you to perform the essential functions of your job. Be specific.

The accommodations will allow me to have increased engagement with students and colleagues. They will allow me to better serve LTU students and help them to achieve academic success. They will allow me to focus on the job at hand rather than my anxiety. These accommodations are supported by my providers and will support my health and safety.

6. Will you be able to perform all of the essential functions of your job if you receive the requested accommodation? If not, describe the specific functions you will not be able to perform.

Yes, unless other accommodations are recommended or required by my providers with treatment planning and care.

7. Do you need assistance to identify accommodations that will enable you to perform the essential functions of your job? If you do, explain what type of assistance you need.

No.

Lawrence Tech
Human Resources

8. Provide any information or suggestion you can on how the requested accommodation(s) can be provided. If known, include the names, addresses and telephone numbers of vendors and the model number and approximate cost of any equipment requested.

I have a Certificate in Online Teaching from Grand Valley State University and my online courses at LTU thus far have been overwhelmingly successful. Informal and formal class and teaching assessments are available upon request.

Joy Schaefer — Employee's Name

3/25/2021 | 12:33 PM EDT — Date

DocuSigned by: Joy Schaefer E9A4EC824FF348F... — Employee's Signature

Telephone Number

DocuSigned by: Starlett Sinclair DC91C2E767654B5...

ADA DEFINITION OF DISABILITY
WHO IS CONSIDERED DISABLED UNDER THE ADA?
Under the ADA, a person with a disability is defined as follows:
1. "an individual with a physical or mental impairment that substantially limits one or more major life activities"
2. "an individual with a record of a substantially limiting impairment"
3. "an individual who is perceived to have such an impairment"

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MEDICAL CERTIFICATION IN SUPPORT OF ADA REASONABLE ACCOMMODATION REQUEST: HEALTH CARE PROVIDER INFORMATION – FORM #3071

Name of Patient

Please print full name:
Joy Schaefer

Health Care Provider Instructions: The above-named individual has been provided a current copy of his/her job description with the essential functions of the position, including the physical and mental demands of the job. The patient has also received the HIPAA Authorization Release Form #3005 to authorize disclosure of personal health information. Please answer the following questions regarding the individual's condition as it relates to the essential job functions and possible accommodations.
Return form to the Employee. Inquiry – Email: benefits@ltu.edu or call 248.204.2150.

1. Does the individual have a disability that substantially limits a major life activity?
   X YES☐ NO If YES, describe the disability and the limitation.

   The nature of the disability is an anxiety disorder with panic attacks that will, during episodes of exacerbation, limit the patient's ability to concentrate and function up to the usual level of functioning.

2. Does the individual use any mitigating measures (medications, assistive technologies, etc.).
   ☒ YES ☐ NO If YES, how do the mitigating measures affect the disability?

   Medications and additional psychotherapeutic interventions are used to reduce the serverity of the symptoms and reduce the impairment on the ability to funtion

3. Does the disability affect the individual's ability to perform any one of the essential functions of the position? ☒ YES ☐ NO If YES, please describe the impact on the person's ability to perform specific functions. Describe the effects of any mitigating measures used.

   The disability has been exacerbated by the stress of the ongoing COVID-19 crisis and the presence of underlying health conditions which are known to increase the risk of contracting COVID-19 variants or having a more serious course of illness should COVID-19 be contracted.

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4. Are there any accommodations that in your opinion would allow the individual to perform the essential functions of the job? ☒ YES ☐ NO If YES, describe those accommodations.

Accomodations need to minimize face-to-face interaction that would increase anxiety and increase patient's risk of contracting COVID-19. Teaching, service work and faculty/student meetings all need to be conducted online.

5. If the individual cannot perform the essential functions of this position with or without an accommodation, what type of work, if any, can the individual perform with or without an accommodation? Please be specific.

All essential functions of this position can be performed by the individual using an online platform. This will allow the individual to fully focus on the tasks and responsibilities of the job without distraction from symptoms.

6. Is the need for accommodation likely to be temporary or permanent? Temporary

If temporary, how long do you estimate the need for accommodation will exist?

As long as the threat from COVID-19 variants is present.

Physician's Information

Laurie Arnswald, DNP, RN, NP	Nurse Practitioner - Psychiatry
Name of Health Care Provider (please print)	Professional license or specialty
Laurie Arnswald, DNP Verified by PDFFiller 03/25/2021	3/25/2021
Signature of Health Care Provider	Date
555 Mid Towne Street NE, Suite 304	616-458-4444 Ex. 34
Address	Telephone Number
Grand Rapids, MI 49503	
City, State, Zip Code	

ADA DEFINITION OF DISABILITY
WHO IS CONSIDERED DISABLED UNDER THE ADA?
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2. "an individual with a record of a substantially limiting impairment"
3. "an individual who is perceived to have such an impairment"

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Accepted: 3/29/2021 4:02:44 PM ID: f8cbd923-0cc4-4a7e-b2fe-31ae85a5b6c3		
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Deshawn Johnson djohnson@ltu.edu Lawrence Technological University Signing Group: AVP/CHRO Security Level: Email, Account Authentication (None)	COPIED	Sent: 3/24/2021 8:45:49 AM
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Electronic Record and Signature Disclosure: Accepted: 2/22/2021 7:26:14 AM ID: 040f8a68-20a8-416c-bb1e-6863aa57f362		
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Carbon Copy Events	Status	Timestamp
Michele Moss mmoss@ltu.edu Lawrence Technological University Signing Group: Human Resources Generalist Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 2/22/2021 7:26:14 AM ID: 040f8a68-20a8-416c-bb1e-6863aa57f362	COPIED	Sent: 3/29/2021 4:04:12 PM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	3/24/2021 8:45:49 AM
Certified Delivered	Security Checked	3/29/2021 4:14:01 PM
Signing Complete	Security Checked	3/29/2021 4:14:50 PM
Completed	Security Checked	3/29/2021 4:14:50 PM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

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Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	• Allow per session cookies

	• Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

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